Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10797
Facility Name:	Kaiser Foundation Hospital-Redwood City
Address:	1150 Veterans Boulevard
City:	Redwood City

Hospital Owner/Licensee:	Kaiser Foundation Hospital/ #220000021
Year of Reporting:	2010
Contact 1 e-mail Address:	
Contact 2 e-mail Address:	
Contact 3 e-mail Address::	
Name of Submitter:	Kaiser Permanente Hospital - Redwood City, CA
Submission Date:	1/19/2011 3:21:48 PM

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Hospital	1150 Veterans Boulevard	Replace	SPC5	01/01/2015	01/01/2015
03	Service Building 3	1150 Veterans Boulevard	Replace	SPC5	01/01/2015	01/01/2015

For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01 | Hospital | Retrofit/Replacement Project: Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10797	IS081979	0	PPR- REPLACEMENT HOSPITAL	11/05/2008		01/01/2010	12/31/2013	OPEN	No

Building No: 03 | Service Building 3 | Retrofit/Replacement Project: No

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
10797	IS081979	0		11/05/2008		01/01/2010		OPEN	No

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **01** Building Name: **Hospital**

Type of Service Provided

[X]	Nursing	Inpatient Beds	193	Inpatient Days	12691
[X]	IntensiveCare	Inpatient Beds	10	Inpatient Days	1580
[ ]	Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
[ ]	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
[ ]	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
[X]	Intermediate Care	Inpatient Beds	10	Inpatient Days	773
[ ]	Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: **213**

[X]	Surgical	[X]	Obstetrical Recovery
[X]	Anesthesia	[X]	Newborn/ WellBaby
[X]	Clinical Lab	[X]	Emergency
[X]	Radiological/ Imaging	[X]	Nuclear Medicine
[X]	Pharmaceutical		
[ ]	Dietetic	[X]	Rehabilitation Therapy
[X]	Administration	[ ]	Renal Dialysis
[X]	Support Services	[X]	Outpatient Surgery
[ ]	Obstetrical Cesarean/Deliv	[ ]	Central Plant

Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03 Building Name: Service Building 3

Type of Service Provided

☐ Nursing	Inpatient Beds	0	Inpatient Days	0
☐ IntensiveCare	Inpatient Beds	0	Inpatient Days	0
☐ Pediatric/Adolescent	Inpatient Beds	0	Inpatient Days	0
☐ Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
☐ Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	0
☐ Intermediate Care	Inpatient Beds	0	Inpatient Days	0
☐ Skilled Nursing	Inpatient Beds	0	Inpatient Days	0

Total Beds this Building: **0**

☐ Surgical	☐ Obstetrical Recovery
☐ Anesthesia	☐ Newborn/ WellBaby
☐ Clinical Lab	☐ Emergency
☐ Radiological/ Imaging	☐ Nuclear Medicine
☐ Pharmaceutical	
☐ Dietetic	☐ Rehabilitation Therapy
☐ Administration	☐ Renal Dialysis
☒ Support Services	☐ Outpatient Surgery
☐ Obstetrical Cesarean/Deliv	☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 01 **Building Name:** Hospital

Medical / Surgical (Include GYN)

Inpatient Bed: 175 Inpatient Days: 13464

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 24 Inpatient Days: 1733

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

Pediatric

Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 4 Inpatient Days: 355

Intermediate Card

Inpatient Bed: 0 Inpatient Days: 0

Intensive Care

Inpatient Bed: 10 Inpatient Days: 1580

Rehabilitation Center

Inpatient Bed: 0 Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0 Inpatient Days: 0

Coronary Care

Inpatient Bed: 0 Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0 Inpatient Days: 0

Total Beds this Building Per Unit: 213

Total Beds this Building Per Service: 213

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 03 **Building Name:** Service Building 3

Medical / Surgical (Include GYN)

Inpatient Bed: 0 Inpatient Days: 0

Acute Respiratory Care

Inpatient Bed: 0 Inpatient Days: 0

Acute Psychiatric

Inpatient Bed: 0 Inpatient Days: 0

Perinatal (excluse Newborn / GYN)

Inpatient Bed: 0 Inpatient Days: 0

Burn

Inpatient Bed: 0 Inpatient Days: 0

Skilled Nursing

Inpatient Bed: 0 Inpatient Days: 0

Pediatric

Inpatient Bed: 0 Inpatient Days: 0

intensive Care Newborn Nursery

Inpatient Bed: 0 Inpatient Days: 0

Intermediate Card

Inpatient Bed: 0 Inpatient Days: 0

Intensive Care

Inpatient Bed: 0 Inpatient Days: 0

Rehabilitation Center

Inpatient Bed: 0 Inpatient Days: 0

Int. Care / development Disabled

Inpatient Bed: 0 Inpatient Days: 0

Coronary Care

Inpatient Bed: 0 Inpatient Days: 0

Chemical Dependency

Inpatient Bed: 0 Inpatient Days: 0

Total Beds this Building Per Unit: 0

Total Beds this Building Per Service: 0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Hospital	
03	Service Building 3	



Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number: 01 Building Name: Hospital

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [X] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [ ] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [X] Obstetrical Recovery
- [X] Newborn/ WellBaby
- [X] Emergency
- [X] Nuclear Medicine
- [X] Rehabilitation Therapy
- [ ] Renal Dialysis
- [X] Outpatient Surgery
- [ ] Central Plant
- [X] Support Services

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number: 03 Building Name: Service Building 3

Type of Service Provided

- [ ] Nursing
- [ ] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [ ] Intermediate Care
- [ ] Skilled Nursing
- [ ] Surgical
- [ ] Anesthesia
- [ ] Clinical Lab
- [ ] Radiological/ Imaging
- [ ] Pharmaceutical
- [ ] Dietetic
- [ ] Administration
- [ ] Obstetrical Cesarean/Deliv
- [ ] Obstetrical Recovery
- [ ] Newborn/ WellBaby
- [ ] Emergency
- [ ] Nuclear Medicine
- [ ] Rehabilitation Therapy
- [ ] Renal Dialysis
- [ ] Outpatient Surgery
- [ ] Central Plant
- [x] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Hospital

Configuration: Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided

- [X] Nursing
- [X] IntensiveCare
- [ ] Pediatric/Adolescent
- [ ] Psychiatric Nursing
- [ ] Obstetrical Ante/Postprtum
- [X] Intermediate Care
- [ ] Skilled Nursing
- [X] Surgical
- [X] Anesthesia
- [X] Clinical Lab
- [X] Radiological/ Imaging
- [X] Pharmaceutical
- [ ] Dietetic
- [X] Administration
- [ ] Obstetrical Cesarean/Deliv
- [X] Obstetrical Recovery
- [X] Newborn/ WellBaby
- [X] Emergency
- [X] Nuclear Medicine
- [X] Rehabilitation Therapy
- [ ] Renal Dialysis
- [X] Outpatient Surgery
- [ ] Central Plant
- [X] Support Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 03 Building Name: Service Building 3

Configuration: Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided

☐ Nursing	☐ Surgical	☐ Obstetrical Cesarean/Deliv	☐ Rehabilitation Therapy
☐ IntensiveCare	☐ Anesthesia	☐ Obstetrical Recovery	☐ Renal Dialysis
☐ Pediatric/Adolescent	☐ Clinical Lab		
☐ Psychiatric Nursing	☐ Radiological/ Imaging	☐ Newborn/ WellBaby	☐ Outpatient Surgery
☐ Obstetrical Ante/Postprtum	☐ Pharmaceutical	☐ Emergency	☐ Central Plant
☐ Intermediate Care	☐ Dietetic	☐ Nuclear Medicine	☒ Support Services
☐ Skilled Nursing	☐ Administration		